

<i>SERFF Tracking Number:</i>	<i>NYLX-125887378</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>New York Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>40770</i>
<i>Company Tracking Number:</i>	<i>LTCAR0023701F01</i>		
<i>TOI:</i>	<i>LTC03I Individual Long Term Care</i>	<i>Sub-TOI:</i>	<i>LTC03I.001 Qualified</i>
<i>Product Name:</i>	<i>ILTC-5000 Select Premier</i>		
<i>Project Name/Number:</i>	<i>ILTC-5000 Select Premier/LTCAR0023701F01</i>		

Filing at a Glance

Company: New York Life Insurance Company

Product Name: ILTC-5000 Select Premier

TOI: LTC03I Individual Long Term Care

Sub-TOI: LTC03I.001 Qualified

Filing Type: Form

SERFF Tr Num: NYLX-125887378 State: ArkansasLH

SERFF Status: Closed

State Tr Num: 40770

Co Tr Num: LTCAR0023701F01

State Status: Approved-Closed

Co Status:

Reviewer(s): Harris Shearer

Author: SPI NewYorkLifeInsCoLTC Disposition Date: 11/12/2008

Date Submitted: 11/04/2008

Disposition Status: Approved

Implementation Date Requested:

Implementation Date:

State Filing Description:

General Information

Project Name: ILTC-5000 Select Premier

Project Number: LTCAR0023701F01

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 11/12/2008

State Status Changed: 11/12/2008

Corresponding Filing Tracking Number:

Filing Description:

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Deemer Date:

RE: New York Life Insurance Company

NAIC # 66915 FEIN # 13-5582869

Long Term Care Partnership Program Certification Filing

Forms: ILTC-5012 (AR) (0908) Application for Policy Change

Applicable to Policy Series: ILTC-5000 (AR) (1001) and INH-5000 (AR) (1001)

Dear Mr. Harris:

<i>SERFF Tracking Number:</i>	<i>NYLX-125887378</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Product Name:</i>	<i>ILTC-5000 Select Premier</i>		
<i>Project Name/Number:</i>	<i>ILTC-5000 Select Premier/LTCAR0023701F01</i>		

The above referenced form is being filed for review and approval. This form does not replace any previously approved form. This form is new and will be used with our Individual, Multi-Life Program and State Partnership policies under policy form series ILTC-5000 and INH-5000 et al.

Form ILTC-5012 (AR) (0908) is an application for policy change form that is provided to the insured requesting changes to his/her current insurance policy. Certain information has been bracketed as variable based on the insured making changes and the product being changed.

To the best of our knowledge and belief, this filing is complete and is intended to comply with the insurance laws and regulations of your jurisdiction.

Should you have questions or need any additional information, please call me at 1-800-723-5555, extension 5823, or e-mail me at jslabaugh@newyorklifeltc.com.

Jeanette Slabaugh

Company and Contact

Filing Contact Information

Jeanette Slabaugh, Sr Contracts & Compliance jslabaugh@newyorklifeltc.com
Associate

6200 Bridge Point Parkway, Suite 400	(512) 703-5555 [Phone]
Austin, TX 78730-5006	(512) 703-5564[FAX]

Filing Company Information

New York Life Insurance Company	CoCode: 66915	State of Domicile: New York
6200 Bridge Point Parkway Suite 400	Group Code: 826	Company Type:
Austin, TX 78730	Group Name:	State ID Number:
(512) 703-5555 ext. [Phone]	FEIN Number: 13-5582869	

<i>SERFF Tracking Number:</i>	<i>NYLX-125887378</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Product Name:</i>	<i>ILTC-5000 Select Premier</i>		
<i>Project Name/Number:</i>	<i>ILTC-5000 Select Premier/LTCAR0023701F01</i>		

Filing Fees

Fee Required?	Yes
Fee Amount:	\$20.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
New York Life Insurance Company	\$20.00	11/04/2008	23695832

SERFF Tracking Number:	NYLX-125887378	State:	Arkansas
Filing Company:	New York Life Insurance Company	State Tracking Number:	40770
Company Tracking Number:	LTCAR0023701F01		
TOI:	LTC03I Individual Long Term Care	Sub-TOI:	LTC03I.001 Qualified
Product Name:	ILTC-5000 Select Premier		
Project Name/Number:	ILTC-5000 Select Premier/LTCAR0023701F01		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Harris Shearer	11/12/2008	11/12/2008

<i>SERFF Tracking Number:</i>	<i>NYLX-125887378</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Product Name:</i>	<i>ILTC-5000 Select Premier</i>		
<i>Project Name/Number:</i>	<i>ILTC-5000 Select Premier/LTCAR0023701F01</i>		

Disposition

Disposition Date: 11/12/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	NYLX-125887378	State:	Arkansas
Filing Company:	New York Life Insurance Company	State Tracking Number:	40770
Company Tracking Number:	LTCAR0023701F01		
TOI:	LTC03I Individual Long Term Care	Sub-TOI:	LTC03I.001 Qualified
Product Name:	ILTC-5000 Select Premier		
Project Name/Number:	ILTC-5000 Select Premier/LTCAR0023701F01		

Item Type	Item Name	Item Status	Public Access
Supporting Document	NAIC Transmittal, Cover Letter, Readability Certification		Yes
Supporting Document	Health - Actuarial Justification		Yes
Supporting Document	Application		Yes
Supporting Document	Certification/Notice		Yes
Supporting Document	Outline of Coverage		Yes
Form	Application for Policy Change		Yes

SERFF Tracking Number:	NYLX-125887378	State:	Arkansas
Filing Company:	New York Life Insurance Company	State Tracking Number:	40770
Company Tracking Number:	LTCAR0023701F01		
TOI:	LTC03I Individual Long Term Care	Sub-TOI:	LTC03I.001 Qualified
Product Name:	ILTC-5000 Select Premier		
Project Name/Number:	ILTC-5000 Select Premier/LTCAR0023701F01		

Form Schedule

Lead Form Number: ILTC-5012 (AR) (0908)

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	ILTC-5012 (AR) (0908)	Other	Application for Policy Initial Change			0	ILTC-5012 (AR) (0908).PDF

APPLICATION FOR POLICY CHANGE FOR LONG-TERM CARE INSURANCE OR NURSING HOME AND ASSISTED CARE LIVING FACILITY ONLY INSURANCE



NEW YORK LIFE INSURANCE COMPANY, LONG-TERM CARE DIVISION
 [6200 Bridge Point Parkway, Suite 400,] [Austin, Texas 78730-5006]
To be completed by the Insured and returned.

Insured Information	Policy Owner's Information
Name: []	Name: []
Address: []	Address: []
[]	[]
[]	[]
Policy Number: []	

In this request for change, "I," "Me," and "My" refer to the Insured, or to the Policy Owner if the Insured is not the Policyowner. "Policy" refers to the New York Life Insurance Company, Long-Term Care Insurance Policy or Long-Term Care Nursing Home and Assisted Care Living Facility Only Insurance Policy indicated by the Policy number above.

Please change My Policy as follows:

- ☐ Change the Insured's Name To: First[] Middle[] Last[]
- ☐ Change the Insured's Address To: Street[] City[] State[] Zip[]
- ☐ Change the Policy Owner's Name To: First[] Middle[] Last[]
- ☐ Change the Policy Owner's Address To: Street[] City[] State[] Zip[]
- ☐ Change the Nursing Home Maximum Daily Benefit To: \$[]
- ☐ Change the Home and Community-Based Care Maximum Daily Benefit To: []
- ☐ Change the Policy Lifetime Maximum Benefit To: \$ []
- ☐ Change the Waiting Period To: [] days
- ☐ Change the Premium Payment Mode To: []

[Changes to your inflation protection may affect your Policy's Partnership Status]

[[Add Inflation Protection Rider]

- Compound: ☐ 5% ☐ 1% ☐ 2% ☐ 3% ☐ 4%
- [Simple: ☐ 1% ☐ 2% ☐ 3% ☐ 4% ☐ 5% ☐ 6%]
- [Benefit Increase Offer: ☐ CPI-U ☐ CPI-U+1% ☐ CPI-U+2%]
- [Automatic Compound Annual ☐ CPI-U ☐ CPI-U+1% ☐ CPI-U+2%]

[[Change Inflation Protection Rider]

- Compound: ☐ 5% ☐ 1% ☐ 2% ☐ 3% ☐ 4%
- [Simple: ☐ 1% ☐ 2% ☐ 3% ☐ 4% ☐ 5% ☐ 6%]
- [Benefit Increase Offer: ☐ CPI-U ☐ CPI-U+1% ☐ CPI-U+2%]
- [Automatic Compound Annual ☐ CPI-U ☐ CPI-U+1% ☐ CPI-U+2%]

☐ Delete Inflation Protection Rider]

- [[CPI-U Minimum Benefit Increase Offer 1% Annually Endorsement] ☐ Add ☐ Delete]]
- [Automatically Elect Benefit Increase Endorsement] ☐ Add ☐ Delete]]

APPLICATION FOR POLICY CHANGE FOR LONG-TERM CARE INSURANCE OR NURSING HOME AND ASSISTED CARE LIVING FACILITY ONLY INSURANCE**NEW YORK LIFE INSURANCE COMPANY, LONG-TERM CARE DIVISION**

[6200 Bridge Point Parkway, Suite 400,] [Austin, Texas 78730-5006]

To be completed by the Insured and returned.**Please change My Policy as follows (continued):**[[Couples Additional Benefit Rider] ☐ Add ☐ Delete]][[Shared Care Rider] ☐ Add ☐ Delete]][[Return of Premium Upon Death Benefit Rider] ☐ Add ☐ Delete]][[Nonforfeiture Option Rider] ☐ Add ☐ Delete]]☐ Make the following change: _____

(The Change must be available and approved by New York Life before it can become effective.)

Supplemental Health Statement

A Supplemental Health Statement, dated no earlier than the date of this Application for Policy Change, must be completed and signed when requesting additional coverage or an increase in existing coverage. The Policy Owner, if not the Insured, must sign this Application for Policy Change, and countersign the Supplemental Health Statement.

A Supplemental Health Statement dated [_____] ☐ Is ☐ Is not attached.**Acknowledgement**

The information on this Application for Policy Change and on the attached Supplemental Health Statement, if required, is complete and true to the best of My knowledge and belief. I understand that New York Life Insurance Company or its administrator will rely on this information in determining whether to approve this Application for Policy Change, and if this information is not complete and true, any additional or increased coverage New York Life approved based on this Application for Policy Change may not be valid.

I certify that I have read, or My producer has read to Me, this Application for Policy Change and any attached Supplemental Health Statement, and I realize that any false statement or misrepresentation made in either document may result in a loss of coverage under the Policy.

The changes I have requested will not take effect until approved by New York Life or its administrator. The additional and/or increased coverage I have requested will not take effect until New York Life has approved this Application for Policy Change and until I have paid the required initial premium in full within 31 days.

Premiums following the Effective Date of any change will continue to be payable in their present mode and under the terms of the Policy unless the Premium Payment Mode has been changed.

Caution: If any answers on this Application for Policy Change or the attached Supplemental Health Statement, if required, are incorrect or untrue, New York Life Insurance Company has the right to deny benefits or rescind any increased or additional coverage based on this Application for Policy Change, subject to the provisions of the Policy.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Date_____
Insured's Name (Please Print)X_____
Signature of Insured_____
Date_____
Policy Owner's Name (Please Print)
(Complete only if Insured is not the
Policy Owner)X_____
Signature of Policy Owner

<i>SERFF Tracking Number:</i>	<i>NYLX-125887378</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Product Name:</i>	<i>ILTC-5000 Select Premier</i>		
<i>Project Name/Number:</i>	<i>ILTC-5000 Select Premier/LTCAR0023701F01</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number:	NYLX-125887378	State:	Arkansas
Filing Company:	New York Life Insurance Company	State Tracking Number:	40770
Company Tracking Number:	LTCAR0023701F01		
TOI:	LTC03I Individual Long Term Care	Sub-TOI:	LTC03I.001 Qualified
Product Name:	ILTC-5000 Select Premier		
Project Name/Number:	ILTC-5000 Select Premier/LTCAR0023701F01		

Supporting Document Schedules

	Review Status:	
Satisfied -Name:	NAIC Transmittal, Cover Letter, Readability Certification	11/04/2008
Comments:		
Attachments:		
	NAIC Transmittal.PDF	
	Cover Letter.PDF	
	Readability Certification.PDF	
	Review Status:	
Bypassed -Name:	Health - Actuarial Justification	11/04/2008
Bypass Reason:	N/A	
Comments:		
	Review Status:	
Bypassed -Name:	Application	11/04/2008
Bypass Reason:	Only application being filed is Policy Change Application provided as the lead form.	
Comments:		
	Review Status:	
Bypassed -Name:	Certification/Notice	11/04/2008
Bypass Reason:	Readability Certification provided under "User Added."	
Comments:		
	Review Status:	
Bypassed -Name:	Outline of Coverage	11/04/2008
Bypass Reason:	N/A	
Comments:		

Life, Accident & Health, Annuity, Credit Transmittal Document

1.	Prepared for the State of	Arkansas
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2.	Department Use Only
	State Tracking ID

3.	Insurer Name & Address	Domicile	Insurer License Type	NAIC Group #	NAIC #	FEIN #	State #
	New York Life Insurance Company 6200 Bridge Point Parkway, Suite 400 Austin, Texas 78730-5006	New York	N/A		826-66915	13-5582869	

4.	Contact Name & Address	Telephone #	Fax #	E-mail Address
	Jeanette Slabaugh New York Life Insurance company 6200 Bridge Point Parkway, Suite 400 Austin, Texas 78730-5006	1-800-723-5555 x 5823	512-703-5564	jslabaugh@newyorklifelife.com

5.	Requested Filing Mode	<input checked="" type="checkbox"/> Review & Approval <input type="checkbox"/> File & Use <input type="checkbox"/> Informational <input type="checkbox"/> Combination (please explain): _____ <input type="checkbox"/> Other (please explain): _____
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6.	Company Tracking Number	ILTC-5012 (AR) (0908)
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7.	<input checked="" type="checkbox"/> New Submission <input type="checkbox"/> Resubmission	Previous file # _____
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8.	Market	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Franchise
		Group <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Small <input type="checkbox"/> Employer <input type="checkbox"/> Discretionary <input type="checkbox"/> Other: _____ </div> <div> <input type="checkbox"/> Large <input type="checkbox"/> Association <input type="checkbox"/> Trust </div> <div> <input type="checkbox"/> Small and Large <input type="checkbox"/> Blanket </div> </div>

9.	Type of Insurance	LTC 03I Individual Long-Term Care
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10.	Product Coding Matrix Filing Code	LTC03I.001 Qualified
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11.	Submitted Documents	<div> <input type="checkbox"/> FORMS <input type="checkbox"/> Policy <input checked="" type="checkbox"/> Application/Enrollment <input type="checkbox"/> Schedule of Benefits </div> <div> <input type="checkbox"/> Outline of Coverage <input type="checkbox"/> Rider/Endorsement <input type="checkbox"/> Other </div> <div> <input type="checkbox"/> Certificate <input type="checkbox"/> Advertising </div> <div> Rates <input type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate </div> <div> <input type="checkbox"/> FILING OTHER THAN FORM OR RATE: Please explain: _____ </div> <div> SUPPORTING DOCUMENTATION <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Association Bylaws <input type="checkbox"/> Statement of Variability <input type="checkbox"/> Actuarial Memorandum <input type="checkbox"/> Other _____ </div> <div> <input type="checkbox"/> Third Party Authorization <input type="checkbox"/> Trust Agreements <input type="checkbox"/> Certifications </div> </div> </div>
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12.	Filing Submission Date	11/04/08	
13	Filing Fee (If required)	Amount <u>\$20.00</u>	Check Date _____
		Retaliatory <input type="checkbox"/> Yes <input type="checkbox"/> No	Check Number _____
14.	Date of Domiciliary Approval	N/A	
15.	Filing Description:		
<p>RE: New York Life Insurance Company NAIC # 66915 FEIN # 13-5582869 Long Term Care Partnership Program Certification Filing Forms: ILTC-5012 (AR) (0908) Application for Policy Change Applicable to Policy Series: ILTC-5000 (AR) (1001) and INH-5000 (AR) (1001)</p> <p>Dear Mr. Harris:</p> <p>The above referenced form is being filed for review and approval. This form does not replace any previously approved form. This form is new and will be used with our Individual, Multi-Life Program and State Partnership policies under policy form series ILTC-5000 and INH-5000 et al.</p> <p>Form ILTC-5012 (AR) (0908) is an application for policy change form that is provided to the insured requesting changes to his/her current insurance policy. Certain information has been bracketed as variable based on the insured making changes and the product being changed.</p> <p>To the best of our knowledge and belief, this filing is complete and is intended to comply with the insurance laws and regulations of your jurisdiction.</p> <p>Should you have questions or need any additional information, please call me at 1-800-723-5555, extension 5823, or e-mail me at the address above.</p> <p>Thank you for your assistance with this filing</p> <p>Sincerely,</p> <p></p> <p>Senior Contracts & Compliance Associate</p>			

16.	Certification (If required)	
<p>I HEREBY CERTIFY that I have reviewed the applicable filing requirements for this filing, and the filing complies with all applicable statutory and regulatory provisions for the state of Arkansas_____.</p> <p>Print Name <u>Jeanette Slabaugh</u> Title <u>Sr. Contracts & Compliance Associate</u></p> <p>Signature  Date: <u>11/04/08</u></p>		

17.	Form Filing Attachment	
This filing transmittal is part of company tracking number		ILTC-5012 (AR) (0908)
This filing corresponds to rate filing company tracking number		

	Document Name	Form Number		Replaced Form Number
	Description			Previous State Filing Number
01	Application for Policy Change	ILTC-5012 (AR) (0908)	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	N/A
02			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	

LH FFA-1

18.	Rate Filing Attachment			
This filing transmittal is part of company tracking number			N/A	
This filing corresponds to form filing company tracking number				
Overall percentage rate indication (when applicable)				
Overall percentage rate impact for this filing			%	
	Document Name	Affected Form Numbers		Previous State Filing Number
	Description			
01			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
02			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	

LH RFA-1



New York Life Insurance Company

Long-Term Care Division

6200 Bridge Point Parkway, Suite 400

Austin, Texas 78730-5006

Bus: 800-723-5555 x 5823

Fax: 512-703-5564

E-mail: jslabaugh@newyorklifeltc.com

www.newyorklifeltc.com

Jeanette Slabaugh

Senior Contracts & Compliance Associate

November 4, 2008

Harris Shearer, LTC Rate and Form Analyst
Arkansas Insurance Department
Life & Health Division
1200 W. 3rd Street
Little Rock, Arkansas 72201-1904

RE: New York Life Insurance Company
NAIC # 66915 FEIN # 13-5582869
Long Term Care Partnership Program Certification Filing
Forms: ILTC-5012 (AR) (0908) Application for Policy Change
Applicable to Policy Series: ILTC-5000 (AR) (1001) and INH-5000 (AR) (1001)

Dear Mr. Harris:

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Form ILTC-5012 (AR) (0908) is an application for policy change form that is provided to the insured requesting changes to his/her current insurance policy. Certain information has been bracketed as variable based on the insured making changes and the product being changed.

To the best of our knowledge and belief, this filing is complete and is intended to comply with the insurance laws and regulations of your jurisdiction.

Should you have questions or need any additional information, please call me at 1-800-723-5555, extension 5823, or e-mail me at the address above.

Thank you for your assistance with this filing

Sincerely,

Senior Contracts & Compliance Associate

Attachments

READABILITY CERTIFICATION

COMPANY NAME New York Life Insurance Co., NAIC # 66915, hereby certifies that the following form(s) comply with the minimum reading ease score requirements of Arkansas Statute 23-80-206 and achieved a Flesch reading ease test score of:

FORM NUMBER

FLESCH SCORE

ILTC-5012 (AR) (0908)

40.0

The form was scored with the policy forms with which it will be used to achieve the readability score of 40.0.

Any scores reflecting a lower than minimum score requirement should be considered for approval in accordance to Section 23-80-207.



Signature of Company Officer

Michael Francescone / VP and Actuary

Typed Name and Title

November 4, 2008

Date